

95-1155-T
2020-21-T

Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

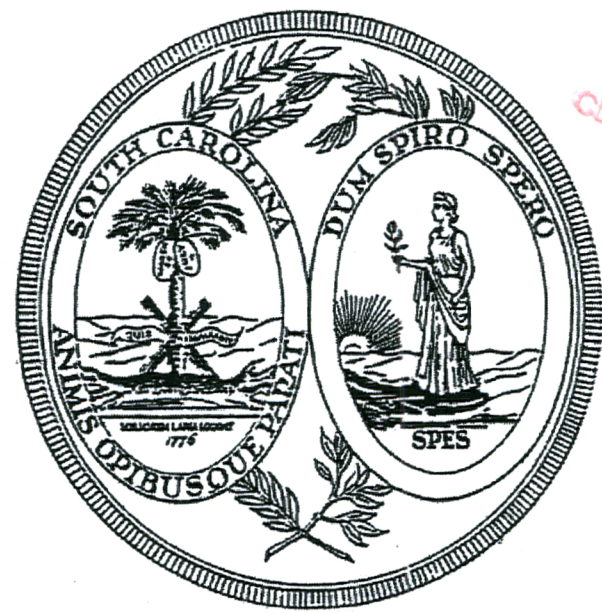
U-SAVE MOVERS INC

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)

FOR THE YEAR ENDED 2018

☒ Calendar Year Ending December 31, 2018
or
☐ Fiscal Year Ending _____



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JAN 21 2020
PSC SC
CLERK'S OFFICE



**SOUTH CAROLINA PUBLIC SERVICE COMMISSION
and
SOUTH CAROLINA OFFICE OF REGULATORY STAFF**
GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2018
TRANSPORTATION REPORT
(Please correct preprinted information as required)



U-Save Movers, Inc.

Company Name (as shown on Certificate)

FEIN

List d/b/a and/or f/k/a aliases

6209 Hwy 17 N

Address

Awendaw

City

SC

State

29429

Zip Code

Mark Harris, Owern-President

Regulatory Contact

1-843-514-1838

Area Code & Phone Number

usavemsinc@yahoo.com

E-Mail

Hazardous Waste for Disposal Carriers

Revenues Derived Via South Carolina Operations for the Year Ending 12/31/2018

\$

Certificate Number:

Household Goods Carriers

Carrier: **U-SAVE MOVERS INC**

Certificate Number: **SCPSC - 9665**

Gross Revenue Derived Via South Carolina Operations:

\$

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Transportation or line haul revenues are expressed as a rate per 100 pounds times the mileage or distance moved. However, line haul may be expressed in a variety of ways to include an hourly rate. A carrier must include all revenues collected for moving property which meets the definition of "Household Goods" under 10 SC Code of Regulations 103-210(1). This includes all moves which both originate and terminate within South Carolina excepting those moves which originate and terminate within the same municipality.

Preparer's Signature

Affidavit

State of **South Carolina** County of **Charleston**

Personally appeared before me **Mark S. Harris** who, being duly sworn, says that he/she is the **owner** of **U-Save Movers Inc** (Company) and

that the foregoing statement, for the year ending **December 31, 2018**, is correctly taken from the books and records of said Company, and is true to the best of his/her knowledge and belief.

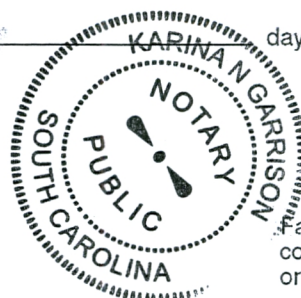
Sworn to and subscribed before me this **30th** day of **July**, 20**19**.

Kramson
Notary Public

My commission expires **6/17/2024**

Return completed form to:

South Carolina Office of Regulatory Staff
Gross Receipts Department
1401 Main Street, Suite 900
Columbia, SC 29201



**Place
Seal
Here**

Failure to timely complete and submit this form could result in the loss of your license, authority or certificate to operate in South Carolina.

Return Deadline is August 31, 2019